

STUDENT CERTIFICATION

THIS SECTION TO BE COMPLETED BY STUDENT

This Student Certification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: _____

Building Address: _____

Unit Number: _____

I hereby grant disclosure of the information requested below.

Signature *Date*

Printed Name *Student ID#*

Return Form to:

Project Name Project Address

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in the Housing Tax Credit Development. Federal regulations (IRC Section 42) require the housing owner to annually verify all information used in determining this person's eligibility. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

If full-time, was it in any part of 5 (not necessarily consecutive) months during this calendar year? YES NO

If YES, which months? _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____

Tel.#: _____

Title: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.